

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNT	ATTORNEY DOCKET NO
09/337,619	06/21/1999	514	1633	C1039/7021HC

APPLICANT
ARTHUR M KREIG, IOWA CITY, IOWA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A DIV OF 08/960,774 10/30/1997 PAT 6,239,116
 WHICH IS A CIP OF 08/738,652 10/30/1996 PAT 6,207,646
 WHICH IS A CIP OF 08/386,063 02/07/1995 PAT 6,114,385
 WHICH IS A CIP OF 08/276,358 07/15/1994 ABN

** 371 (NAT'L STAGE) DATA*****

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 07/21/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="checkbox"/> no O yes <input checked="" type="checkbox"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<i>Helen</i> <i> </i>	IA	19	35	4

ADDRESS

HELEN C LOCKHART
WOLF GREENFIELD & STACKS
600 ATLANTIC AVENUE
BOSTON, MA 02210

TITLE
IMMUNOSTIMULATORY NUCLEIC ACID MOLECULES

FILING FEE RECEIVED \$*1238	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 0 1.16 Fees (Filing) <input type="checkbox"/> 0 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 0 1.18 Fees (Issue) <input type="checkbox"/> 0 Other _____ <input type="checkbox"/> 0 Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/337,619	06/21/99	514	1617	C1039/7021HC

APPLICANT

ARTHUR M. KREIG, IOWA CITY, IA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A DIV OF 08/960,774 10/30/97
 WHICH IS A CIP OF 08/738,652 10/30/96
 WHICH IS A CIP OF 08/386,063 02/07/95
 WHICH IS A CIP OF 08/276,358 07/15/94 ABN

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IA	SHEETS DRAWING 19	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

HELEN C LOCKHART
WOLF GREENFIELD & STACKS
600 ATLANTIC AVENUE
BOSTON MA 02210

TITLE

IMMUNOSTIMULATORY NUCLEIC ACID MOLECULES

FILING FEE RECEIVED \$1,238	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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